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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Bobby Russell DATE 2-10-93 PERMIT NO. SF2-A-44

PHONE: Business _____ Home _____

LOCATION Willow Ridge lot 44 off Triplett Rd At Amity Hill area S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area .78 acres

Soil Characteristics Clayey

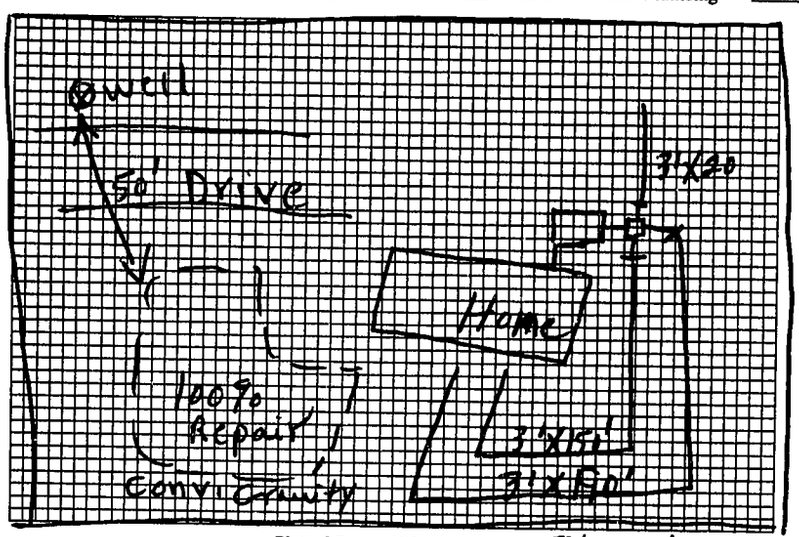
Application Rate .34

Topography 2 to 6 %

Depth to Water Table 10'+

Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Ken Dellinger

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY L. C. Moore

COMMENTS _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 2-10-93

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold